PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 0LYMPIA WA 98504-0908 (360) 753-1111	-
(360) 753-1111 TOLL FREE 1-877-601-2929	TION L 1 MAR 1 3 2017
1. Lobbyist Name Vladimir Entman	,
Permanent Business Address 1402 Third Are St. 1305	Business Telephone Numbers Permanent (206) 448-9570 Temporary ()
Southe State Zip Southe WA Stol	Cell Phone (312) 488-9365 or Pager
Temporary Thurston County address during legislative session	E-Mail Address Vlace Climatesolutors.org
3. Employer's name and address (person or group for which you lobby) Climate Solutions (same as above)	Employer's occupation, business or description of purpose of organization Clan eway policy
4. Name and address of person having custody of accounts, receipts, books or other documents which substart lobbyist reports. (Person responsible for producing the lobbyist employer's annual L-3 report.)	
\$ \(\frac{1}{2} \) \(\frac{1} \) \(\frac{1}{2} \) \(\frac{1}{2} \) \(\frac{1}{2	orary employee
	ny of your lobbying expenses directly?
7. How long do you expect to lobby for this organization? ☐ Permanent lobbyist ☐ Only during legislative session ☐ Other	er, Explain:
 8. Is your employer a business or trade association or organization which lobbies on behalf of its members or a associations, or organizations? If "yes," attach a list showing the name and address of each member or funder we the past two years or is expected to pay over \$1,450 this year. No Yes. However, no member or funder has paid, pays, or is expected to Yes. The list is of parties attached 	who has paid fees, dues or other payments over \$1,450 during either of
9. Does your employer have a connected, related or closely affiliated political action committee which will provi to fund raising events? If so, list the name of that political action committee. No	
Yes. Name of the committee is: 10. If lobbyist is a company, partnership or similar business entity which employs others to perform actual lobbying and 144 for instructions.)	i i i i i i i i i i i i i i i i i i i
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CERTIFICATION: I hereby certify that the above is a true, complete and correct

12. LOBBYIST'S SJONATIONE

DATE

3/13/207

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described

DATE

Bennet Shape Ally NOT VALID UNLESS SIGNED BY BOTH

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

in this registration statement.